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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 03 0 1 2005 03 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 29 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26950202349

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D " D 0.3 0 1 2005 0.3 3 1 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2005 530585.12 January 1 (b) Cash on Hand at 415492.89 Begining of Reporting Period 83070.09 107566.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 498562.98 638151.14 6(a) and 6(c) for Column B) 147383.14 286971.30 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 351179.84 351179.84 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

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^Y 2 0 0 5

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03

^D 3 1

^Y 2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	42592.48	52683.86
	(ii) Unitemized	11252.02	15289.69
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53844.50	67973.55
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	500.00	500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54344.50	68473.55
2.	Transfers From Affiliated/Other Party Committees	28000.00	38000.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	538.13	538.13
•	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	187.46	554.34
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	83070.09	107566.02
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	83070.09	107566.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1133.14	1294.30
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	1133.14	1294.30
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	146250.00	285550.00
I. Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	40.00
Other Disbursements	0.00	87.00
 Federal Election Activity (2 U.S.C 431(20 (a) Shared Federal Election Activity)))	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 2 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4.47000.4.4	286971.30
	117000.17	20071.00
. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		2227122
from Line 31)	147383.14	286971.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	54344.50	68473.55
34.	Total Contribution Refunds (from Line 28(d))	0.00	40.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	54344.50	68433.55
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1133.14	1294.30
7.	Offsets to Operating Expenditures (from Line 15, page 3)	538.13	538.13
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	595.01	756.17

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	or each cat	ate schedule(s) egory of the ummary Page	FOR LINE NUMBER: PAGE 6 / 74 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold on ame and address of any po	used by any person plitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) MacWilliams, Robinson & Partners Inc. Mailing Address 1660 L Street, NW			Date of Receipt O 3 O 3 2 O 0 5
City	State Zip Code		Transaction ID: 10760101
Washington	DC 20036		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	0 0	538.13
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	538.13	Refund

SUBTOTAL of Receipts This Page (optional)	•	538.13
TOTAL This Period (last page this line number only)	•	538.13

S	CHEDULE A (FEC Form 3X)		Llee concrete a shard date(s)	FOR LINE NUMBER: PAGE 7 / 74
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Delia O'Connor			Date of Receipt
	Mailing Address 800 Washington Street			03 / 03 / 2005
	City	State	Zip Code	Transaction ID: 10760964
	Norwood	MA	02062-3487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		210.00
	Name of Employer Caritas Norwood Hospital	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	210.00	1
	Other (specify)	0 0	210.00	
3.	Full Name (Last, First, Middle Initial) Mr. John C. J. Cronin			Date of Receipt
	Mailing Address PO Box 35			03 / 03 / 2005
	City	State	Zip Code	Transaction ID: 10760965
	Williamstown	MA	01267-0035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Adams Regional Hosp-	Occupation Presiden		
	ital Receipt For:		Year-to-Date ▼	+
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.00	
) .	Full Name (Last, First, Middle Initial) Mr. David J Trull			Date of Receipt
	Mailing Address 106 Cliff Road			03 03 2005
	City	State	Zip Code	Transaction ID: 10760966
	Wellesley	MA	02481-3023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Faulkner Hospital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			710.00
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1	OTAL This Period (last page this line number or	ш у)		

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or fo	r commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
	AME OF COMMITTEE (In Full)				
\	` ,				
/	merican Hospital Association PAC				
<u>_</u>	HINDON (Local Pinal National Latter)				
	ull Name (Last, First, Middle Initial) 1r. Robert P Ritz			Date of Receipt	
_				<u> </u>	
IV	lailing Address 56 Franklin Street			03 03 2005	
_	itu	State	Zip Code		_
	ity		·	Transaction ID: 10761671	
<u>v</u>	Vaterbury	CT	06706-1238	Amount of Each Receipt this Period	
	EC ID number of contributing	С		500.00)
fe	ederal political committee.			300.00	,
-	(=)	1			
N S	ame of Employer aint Mary's Hospital	Occupation			
_			t and Chief Executive Officer		
R	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		500.00		
F	ull Name (Last, First, Middle Initial)				
3. №	ls. Elizabeth T. Beaudin, RN, MS, CN			Date of Receipt	
M	lailing Address 69 Day Street			M M / D D / Y Y Y	
_	•			03 03 2005	
С	ity	State	Zip Code	Transaction ID: 10761673	
C	Granby	CT	06035-2901	Amount of Each Receipt this Period	
_	EC ID number of contributing				-
	ederal political committee.	C		250.00)
N	ame of Employer	Occupation	n		
	connecticut Hospital Asso- iation	Director,	Nursing & Work Force Initia	t	
	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify)		250.00		
	, , , , ,			1	
F	ull Name (Last, First, Middle Initial)				
_	ls. Carmela S. Coyle			Date of Receipt	
_	lailing Address 325 Seventh Street, NW	I		M M / D D / Y Y Y	Y
	Suite 700	-		03 03 2005	
C	ity	State	Zip Code	Transaction ID: 10761788	
٧	Vashington	DC	20004-2818	Amount of Each Receipt this Period	
	*			7 tillount of Euch Freedigt tille 1 office	-
	EC ID number of contributing ederal political committee.	C		1000.00)
10	derai pointeai committee.				
Ŋ	ame of Employer merican Hospital Associa-	Occupation	n		
A ti	merican Hospital Associa- on-Washingt	Senior V	ce President, Policy		
	eceipt For:	-	e Year-to-Date ▼		
	Primary General	39 13		1	
	Other (specify)		1000.00		
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	I				
GII	BTOTAL of Receipts This Page (optional)			1750.00)
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from su	ch committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. David L. Woodrum			Date of Receipt	
	Mailing Address 175 North Harbor Drive		7. 0.4.	03 / 03	2005
	Chicago	State IL	Zip Code	Transaction ID: 1076	
	Chicago	IL.	60601-7344	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Woodrum, Inc.	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Driskill, , Jr.			Date of Receipt	
	Mailing Address 3675 Kilauea Avenue			03 / 03	2005
	City	State	Zip Code	Transaction ID: 10761792	
	<u>Honolulu</u>	HI	96816-2398	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Hawaii Health Systems Cor- poration	Occupation President	n t and Chief Executive Officer	7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Mr. Richard E. Meiers Mailing Address 908 Hokulani Street			M M / D D /	YYYY
				03 03	2005
	City	State	Zip Code	Transaction ID: 1076	
	Honolulu	HI	96825-1021	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Healthcare Association of Hawaii	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	000.00		
s	UBTOTAL of Receipts This Page (optional)				1750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 74		
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Ar	ny information copied from such Reports and S for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\vdash	NAME OF COMMITTEE (In Full)				_
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Robert C. Kidd, II, FACHE/			Date of Receipt	
	Mailing Address 3403 Yucca Road			03 03 2005	
	City	State	Zip Code	Transaction ID: 10762264	
	Cheyenne	WY	82001-6142	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Wyoming Hospital Associa- tion	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼	0 0	1000.00		
В.				Date of Receipt	
	Mailing Address 549 North 400 East			03 / 03 / 2005	
	City	State	Zip Code	Transaction ID: 10762471	
	<u>Nephi</u>	UT	84648-1226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Central Valley Medical Ce- nter	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		500.00		
	Full Name (Last, First, Middle Initial)			-	
C.	Mr. Douglas F Dean, , Jr.			Date of Receipt	
	Mailing Address One Elliot Way			03 / 03 / 2005	
	City	State	Zip Code	Transaction ID: 10762550	
	Manchester	NH	03103-3599	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Elliot Hospital	Occupation President	n t and Chief Executive Office	r	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
				1750.00	1
S	UBTOTAL of Receipts This Page (optional)			1730.00	1

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 74
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or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Thomasine Kennedy			Date of Receipt
	Mailing Address 2714 N.D. 41 & 50			03 7 7 2005
	City	State	Zip Code	Transaction ID: 10764497
	Chinquapin	NC	28521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Duplin General Hospital	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Dr. Joel D. Ohlsen, M.D.			Date of Receipt
	Mailing Address Post Office Box 399			03 07 7 2005
	City	State	Zip Code	Transaction ID: 10764498
	Rye	CO	81069-0399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary-Corwin Medical	Occupation	1	
	Center		Cancer Center	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Douglas J. Wall			Date of Receipt
٠.	Mailing Address 6861 E. Lynx Wagon F	Road		M M / D D / Y Y Y Y
		1044		03 07 2005
	City	State	Zip Code	Transaction ID: 10764499
	Prescott Valley	AZ	86314-1932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Medical Center	Occupation Vice Cha		
Receipt For:		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	UBTOTAL of Receipts This Page (optional)			1250.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/74
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		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		- -	
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) Dr. E. A. Clark, M.D.			Date of Receipt
Mailing Address 707 Hellybrook Drive			03 07 2005
City	State	Zip Code	Transaction ID: 10764500
Longview	TX	75605-2410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Longview Regional Medical	Occupation Trustee	n	
Center Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) Dr. Robert J. Parsons, Ph.D.			Date of Receipt
Mailing Address 760-A Tanner Building Post Office Box 23161			03 07 2005
City	State	Zip Code	Transaction ID: 10764501
Provo	UT	84602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Intermountain Health Care,	Occupation	n	
Inc. Receipt For:	Trustee Aggregate	e Year-to-Date ▼	
Primary General	, iggi ogaic		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Henry M. Altman, Jr.	-		Date of Receipt
Mailing Address 508 Tiffany Lane			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 10764502
Louisville	KY	40207-1426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Jewish Hospital & St. Mar-	Occupation	n	
y's HealthCar Receipt For:	Trustee	e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Posted (In the Control of	I. A	<u> </u>	
TOTAL This Period (last page this line number	oniy)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 74
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,	
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) A. Mr. John Smallmon			Date of Receipt
	Mailing Address 895 South West 7th Str Post Office Box 273	reet		03 07 2005
	City	State	Zip Code	Transaction ID: 10764503
	Hermiston	OR	97838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Good Shepherd Healthcare	Occupation Trustee	n	
	System Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Carolyn Zarbock			Date of Receipt
	Mailing Address 711 Country Club Drive	03 07 2005		
	City	State	Zip Code	Transaction ID: 10764553
	Oak Island	NC	28465-8326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Hanover Regional Medi-	Occupation		
	cal Center	COV-Vol		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. June McDonald			Date of Receipt
	Mailing Address 44362 Bugle Ct.			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10764565
	Plymouth	MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Saint Joseph Mercy Health	Occupation Clinical C		
	System Receipt For:		Year-to-Date ▼	\dashv
	Primary General	199.194.1		7
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/74
ITEMIZED RECEIPTS		or each category of the	(check only one)
Emille itevell 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mrs. Kay B Allen, , R.N.			Date of Receipt
Mailing Address One St. Mary Place			03 / 00 / 4 9 9 9
City	State	Zip Code	Transaction ID: 10788786
Shreveport	LA	71101-4343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dubuis Hospital of Shreve- port	Occupation Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. William F Barrow, , II			Date of Receipt
Mailing Address 539 East Prudhomme S	Street		03 / 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 10788787
<u>Opelousas</u>	<u>LA</u>	70570-6499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Opelousas General Health	Occupation		
System		ecutive Officer	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) C. Mr. Milton D Bourgeois, , Jr.			Date of Receipt
Mailing Address 4608 Highway 1			03 10 7 2005
City	State	Zip Code	Transaction ID: 10788788
Raceland	LA	70394-2623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer St. Anne General Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 15/74
	EMIZED RECEIPTS		or each category of the	(check only one)	l 🗖
••	LIMIZED RECENT 10		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
۸۰	y information copied from such Reports and St	totomonto mo	ret he cold or wood by any norse		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. James M. Dixon			Date of Receipt	
	Mailing Address 2450 Severn Avenue, S		7:a Oada	03 10	2005
	City	State LA	Zip Code	Transaction ID: 10	
	Metairie	LA	70001-6942	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer ShareCor	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
В.				Date of Receipt	
	Mailing Address P O Box 2009			03 / 10	2005
	City	State	Zip Code	Transaction ID: 10	788791
	Natchitoches	<u>LA</u>	71457-2009	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Natchitoches Regional Med-	Occupation			
	ical Center		ecutive Officer	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼	0 0	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE			Date of Receipt	
	Mailing Address P.O. Box 1901			0 3 1 0	2005
	City	State	Zip Code	Transaction ID: 10	788792
	Monroe	LA	71210-1901	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer St. Patrick's Psychiatric	Occupation	n t and Chief Executive Officer		
	Hospital Receipt For:		Year-to-Date ▼	-	
	Primary General	33 -3		1	
	Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1250.00
\vdash			<u> </u>		• • • • • •
T	OTAL This Period (last page this line number of	only)	>		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 74
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kirk G Wilson			Date of Receipt
	Mailing Address 5000 Hennessy Bouleva	ırd		03 10 7 2005
	City	State	Zip Code	Transaction ID: 10788793
	Baton Rouge	LA	70808-4350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Our Lady of the Lake Regi- onal Medical	Occupation Presiden	n t and Chief Operating Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Maxine Cormier			Date of Receipt
	Mailing Address 9521 Brookline Avenue			03 10 2005
	City	State	Zip Code	Transaction ID: 10788794
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Louisiana Hospital Associ-	Occupation	n	
	ation		e Lobbyist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descint
٠.	Ms. Patricia A. Castle Mailing Address 815 Gatehouse Lane			Date of Receipt
				03 10 2005
	Columbus	State	Zip Code	Transaction ID: 10789218
	Columbus	OH	43235-1733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Homema		
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
			<u></u>	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17/74
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solic solicit contributions from	citing contributions such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$ \rangle$	American Hospital Association PAC				
	7 in ordan Floophar Absociation 1710				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. James R. Castle			Date of Receipt	
	Mailing Address 815 Gatehouse Lane			03 10	
	City	State	Zip Code	Transaction ID: 1	
	Columbus	OH	43235-1733	Amount of Each R	
			40203 1700	Amount of Lacif K	eceipi iriis Feriod
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Ohio Hospital Association	Occupation			
			t & Chief Executive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Cure (openily) \		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 389 South Drexel			M M / D D	/ Y Y Y Y
	20		7. 0.	03 10	
	City	State	Zip Code	Transaction ID: 1	
	Columbus	OH	43209-2140	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	rederal political committee.				
	Name of Employer Bricker & Eckler	Occupation	า		
	Bricker & Eckler	Attorney			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Bridget A. Gargan			Date of Receipt	
	Mailing Address 54 West Weisheimer Ro	oad		M M / D D	
				03 10	
	City	State	Zip Code	Transaction ID: 1	0789221
	Columbus	OH	43214-2545	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	า		
	Ohio Hospital Association	Director,	Government Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		250.00		
$\overline{}$					
	LIDTOTAL of December This December 1				1000.00
L	UBTOTAL of Receipts This Page (optional))		
_	OTAL This Period (last page this line number o	nlv)			
		· · · y / · · · · · · · · · · · · · · · · · ·	······································		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 74 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Mary M. Covington Mailing Address 123 Briarwood Drive			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Carrollton	State GA	Zip Code 30117-4104	Transaction ID: 10790163 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30117 4104	250.00
	Name of Employer Tanner Medical Center Receipt For: Primary General Other (specify)	Occupation Trustee Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. William A. Bell Mailing Address 944 Gentian Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10790235
	Tallahassee	FL	32312-1228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Florida Hospital Associat- ion	Occupation General (Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
).	Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter			Date of Receipt
	Mailing Address 7285 Heartland Circle			03 / 10 / 2005
	City	State FL	Zip Code	Transaction ID: 10790236
	Tallahassee FEC ID number of contributing federal political committee.	C	32312-7501	Amount of Each Receipt this Period 960.00
	Name of Employer Florida Hospital Associat- ion	Occupation Senior Vi	n ce President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00	
S	JBTOTAL of Receipts This Page (optional)			2010.00
т	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 74
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a
Δn	ny information copied from such Reports and Stat	ements may	not he sold or used by any nerso	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kathleen M. Whyte			Date of Receipt
	Mailing Address 444 North Capitol St, NV Suite 532		7. 0.4.	03 10 2005
	City	State DC	Zip Code	Transaction ID: 10790237
	Washington	DC	20001-1512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		960.00
	Name of Employer Florida Hospital Associat- ion	Occupation Sr. Vice I	n President, Federal Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		960.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Ms. Kim Streit			Date of Receipt
	Mailing Address 1317 Eastin Avenue			03 / 0 0 / 2005
	City	State	Zip Code	Transaction ID: 10790238
	Orlando	FL	32804-6309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion - Orlando	-	th Research & Information	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		400.00	
 C.	Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS			Date of Receipt
-	Mailing Address 444 North Capitol Street	NW		M M / D D / Y Y Y Y
	Suite 532			03 10 2005
	City	State	Zip Code	Transaction ID: 10790239
	Washington	DC	20001-1512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		800.00
	Name of Employer	Occupation	n	7
	Florida Hospital Association		Federal Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		800.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			2160.00
т.	OTAL This Period (last page this line number on	lv)		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 74
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen			Date of Receipt
	Mailing Address 405 El Destinado Drive			03 10 2005
	City	State	Zip Code	Transaction ID: 10790240
	Tallahassee	FL	32301-1522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Florida Hospital Associat-	Occupation VP for St	n rategic Communications	
	ion Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		800.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul Belcher			Date of Receipt
	Mailing Address Rt. 15, Box 241			03 10 2005
	City	State	Zip Code	Transaction ID: 10790242
	Tallahassee	FL	32311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Florida Hospital Associat-	Occupation Senior Vi	n ce President	
	Ion Receipt For:		Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		800.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Martha DeCastro			Date of Receipt
	Mailing Address 1036 Alameda Drive			M M / D D / Y Y Y Y Y O S O S
	City	State	Zip Code	Transaction ID: 10790243
	<u>Tallahassee</u>	FL	32317-9577	Amount of Each Receipt this Period
	FEC ID number of contributing			480.00
	federal political committee.	C		400.00
	Name of Employer Florida Hospital Associat- ion	Occupation VP, Nurs		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		480.00	1
	Other (specify)		400.00	
_				
				2020.00
S	UBTOTAL of Receipts This Page (optional)			2080.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 74
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kathryn A. Reep			Date of Receipt
Α.	Mailing Address 19 W. New Hampshire			M M / D D / Y Y Y Y
				03 10 2005
	-	State	Zip Code	Transaction ID: 10790244
		FL	32804-5911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Florida Hospital Associat-	ccupation	n sident, Financial Services	
	ion Change		Year-to-Date ▼	-
	Primary General	1 1		1
	Other (specify) ▼		400.00	
В.	Full Name (Last, First, Middle Initial) Mr. Wayne NeSmith			Date of Receipt
	Mailing Address 1105 Carriage Road			03 10 2005
	•	State	Zip Code	Transaction ID: 10790246
	Tallahassee	<u>FL</u>	32312-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1600.00
	Florida Hospital Associat-	ccupation		
	1011		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1600.00	
C.	Full Name (Last, First, Middle Initial) Mr. Richard A. Hachten, II			Date of Receipt
•	Mailing Address 2676 South 96th Circle			M M / D D / Y Y Y Y
				03 16 2005
		State NE	Zip Code	Transaction ID: 10793607
		INE	68124-1949	Amount of Each Receipt this Period
	reactal political committee.	C		250.00
	Alegant Health	ccupation resident	n t, Alegent Health System	
	Receipt For:		Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify) ▼		230.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
\vdash			·	
T	OTAL This Period (last page this line number only)		>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 74
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. William L. Welch, CHE			Date of Receipt
	Mailing Address 728 McDowell			03 16 2005
	City	State	Zip Code	Transaction ID: 10793608
	Fairbury	NE	68352-2853	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Jefferson Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
ь	Full Name (Last, First, Middle Initial)			Data of Baselat
В.				Date of Receipt
	Mailing Address 339 Cottage Hill			03 16 2005
	City	State	Zip Code	Transaction ID: 10793643
	Elmhurst	IL	60126-3332	Amount of Each Receipt this Period
		15	30120 3002	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		500.00
	•			
	Name of Employer American College of Healt-	Occupation		
	hcare Executi		t and Chief Executive Office	<u>r </u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	Cirici (Specify)			1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Timothy O'Connor			Date of Receipt
	Mailing Address 41 Mall Road			M M / D D / Y Y Y Y
				03 16 2005
	City	State	Zip Code	Transaction ID: 10793662
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		250.00
	Name of Employer Lahey Clinic Hospital	Occupation		
			ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0		1
_	IIDTOTAL of Descints This Bases (and a B			1000.00
L	UBTOTAL of Receipts This Page (optional)		······	
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 74
	EMIZED RECEIPTS		or each category of the	(check only one)
• • •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	ine and add	iress or any political committee to	Solicit Contributions from Such Continuee.
١.	American Hospital Association PAC			
_				
	Full Name (Last, First, Middle Initial) Ms. Martha A. Dawson			Date of Receipt
	Mailing Address 530 South Jackson Stree	et		03 16 2005
	City	State	Zip Code	Transaction ID: 10793664
	Louisville	KY	40202-1675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University of Louisville	Occupation	1	7
	Hospital '		sident of Clinical Operations	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Mr. Ted McKinney			Date of Receipt
	Mailing Address 1607 Ravine Drive			03 16 2005
	City	State	Zip Code	Transaction ID: 10793665
	Ruston	<u>LA</u>	71270-5457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lincoln General Hospital	Occupation	1	
	Receipt For:	Trustee Aggregate	Year-to-Date ▼	-
	Primary General	139.19		
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Thomas F. Dickinson			Date of Receipt
	Mailing Address 3916 River Cove Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10795150
	Lansing	MI	48917-9564	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MHA Insurance Company	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)		_	1000.00
	. 5 (1)		<u> </u>	
TC	OTAL This Period (last page this line number onl	ly)	>	

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 74
IT	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald D. Fitzgerald			Date of Receipt
	Mailing Address 18 Millrace Court			03 16 2005
	City	State	Zip Code	Transaction ID: 10795152
	Dearborn	MI	48126-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation Healthca	n re System Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jim George			Date of Receipt
	Mailing Address 19634 West Chester			03 16 2005
	City	State	Zip Code	Transaction ID: 10795153
	Clinton Township	MI	48038-6415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Delta Management	Occupation Trustee.	n Mount Clemens General Ho	
	Receipt For:	· ·	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Clark Ballard			Date of Receipt
	Mailing Address 1601 Willoughby Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10795155
	Mason	MI	48854-9435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Michigan Health & Hospital	Occupation Associati	on Executive	
	Association Receipt For:	1	e Year-to-Date ▼	
	Primary General	35 - 5 - 7		1
	Other (specify) ▼		750.00]
s	UBTOTAL of Receipts This Page (optional)		.	1750.00
_				

3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 74
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Rob Covert			Date of Receipt
	Mailing Address 749 N. Kalamazoo Aver			03 / 16 / Y Y Y Y Y
	City	State MI	Zip Code	Transaction ID: 10795158
	Marshall		49068-1072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Oaklawn Hospital	Occupation President	n : & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Marilyn Litka-Klein			Date of Receipt
	Mailing Address 16930 Pine Hollow Drive	Э		03 16 2005
	City	State	Zip Code	Transaction ID: 10795159
	East Lansing	MI	48823-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	federal political committee. Name of Employer Michigan Health & Hospital	Occupation Health Po		500.00
	Name of Employer Michigan Health & Hospital Association Receipt For:	Occupation Health Po		500.00
	Pame of Employer Michigan Health & Hospital Association	Occupation Health Po	olicy	500.00
 C.	Name of Employer Michigan Health & Hospital Association Receipt For: Primary General	Occupation Health Po	olicy Year-to-Date ▼	Date of Receipt
	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Health Po	olicy Year-to-Date ▼	
 C.	Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City	Occupation Health Pe Aggregate	Vear-to-Date ▼ 500.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor	Occupation Health Po	Vear-to-Date ▼ 500.00	Date of Receipt M M J D D D J D J D J D D D D D D D D D
D .	Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City	Occupation Health Pe Aggregate	Vear-to-Date ▼ 500.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Saint Joseph Mercy Health	Occupation Health Po Aggregate State MI C	Vear-to-Date ▼ 500.00 Zip Code 48108-8578	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer	State MI C Occupation Vice Pres	Vear-to-Date ▼ 500.00 Zip Code 48108-8578	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Saint Joseph Mercy Health System Receipt For: Primary General	State MI C Occupation Vice Pres	Sident, Physician Services, C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Saint Joseph Mercy Health System Receipt For:	State MI C Occupation Vice Pres	Sident, Physician Services, C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.	federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg Mailing Address 1690 Waterside Court City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Saint Joseph Mercy Health System Receipt For: Primary General	State MI C Occupation Vice Pres Aggregate	Zip Code 48108-8578 dident, Physician Services, Contract vertical vertica	Date of Receipt M

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 74
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Staten	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			_
۹.	Full Name (Last, First, Middle Initial) Mr. Brian Peters			Date of Receipt
	Mailing Address 3051 Crofton Dr.			03 16 2005
	City	State	Zip Code	Transaction ID: 10795164
	Dewitt	MI	48820-7770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		550.00
	Michigan Health & Hospital	Occupation		1
	Association		ce President, Advocacy	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		550.00	
3.	Full Name (Last, First, Middle Initial) Ms. Andrea R. Price, , FACHE			Date of Receipt
	Mailing Address 1105 South Drive			03 16 2005
	City	State	Zip Code	Transaction ID: 10795165
	Flint	MI	48503-4754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Sparrow Health System	ccupation		
			Administrator Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify)	0 0	500.00	
) .	Full Name (Last, First, Middle Initial) Mr. Gary Henriksen			Date of Receipt
	Mailing Address 350 Crosswind Drive			03 16 2005
	City	State	Zip Code	Transaction ID: 10795166
	Dimondale	MI	48821-9795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Michigan Health & Hospital	occupation	1	7
Association Crite Receipt For: Aggre			ance Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
S	UBTOTAL of Receipts This Page (optional)			1800.00
т,	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 27 / 74			
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)			
П	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12			
			Betailed Gammary Fage	13 14 15 16 17			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
\angle							
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Hickman			Date of Receipt			
Λ.	Mailing Address 9823 Dillingham Court			M M / D D / Y Y Y Y			
	Walling Address 9023 Dillingham Court			03 16 2005			
	City	State	Zip Code	Transaction ID: 10795167			
	Tecumseh	MI	49286-9606	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		250.00			
	Name of Employer	Ossunstian		_			
	Name of Employer Lenawee Health Alliance -	Occupation Trustee	I				
	Herrick Camp Receipt For:		Year-to-Date ▼	_			
	Primary General	Aggregate	Teal to Bate V	1			
	Other (specify)		250.00				
		0 0	0 0 0 0 0 0 0				
	Full Name (Last, First, Middle Initial)						
В.	Ms. Marlene Hulteen			Date of Receipt			
	Mailing Address 2450 Sturbridge SE			03 16 YYYY 2005			
	City	State	Zip Code				
	Ada	MI	49301-8363	Transaction ID: 10795169			
		IVII	49301-8363	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		375.00			
	Name of Employer Michigan Health & Hospital	Occupation					
	Association		e Vice President				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	375.00	1			
	Other (specify)	0 0	0.000				
_	Full Name (Last, First, Middle Initial)						
C.	Mr. Spencer Johnson			Date of Receipt			
	Mailing Address 2066 Riverwood Drive			M M / D D / Y Y Y Y			
				03 16 2005			
	City	State	Zip Code	Transaction ID: 10795172			
	Okemos	MI	48864-2814	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		1000.00			
	federal political committee.	<u> </u>					
	Name of Employer Michigan Health & Hospital	Occupation	1				
	Michigan Health & Hospital Association	President					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		1000.00	1			
	Other (specify) ▼		1000.00				
_							
				1625.00			
S	UBTOTAL of Receipts This Page (optional)			1025.00			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 74
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	stomonte may	rot be sold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mrs. Betty Kline			Date of Receipt
	Mailing Address 55881 Wilbur Road			03 / 16 / 2005
	City	State	Zip Code	Transaction ID: 10795173
	Three Rivers	MI	49093-8817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Voluntee		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mrs. Elizabeth S. Schnettler			Date of Receipt
	Mailing Address 9120 Port Austin Road	03 / 16 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10795177
	Bay Port	MI	48720-9770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Hospital Council of East	Occupation		
	Central Michi	President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
).	Full Name (Last, First, Middle Initial) Mr. Gail L. Warden			Date of Receipt
	Mailing Address 250 Washington Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10795180
	Grosse Pointe	MI	48230-1614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Henry Ford Health System	Occupation	n t Emeritus	
	Receipt For:		e Year-to-Date ▼	_
	Primary General			1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
			· · · · · · · · · · · · · · · · · · ·	
T	OTAL This Period (last page this line number o	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 74 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. J. Joseph Diederich Mailing Address 365 Windy Crest Drive City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Oakwood Healthcare, Inc. Receipt For: Primary General	State MI C Occupatio Administ Aggregate	rator e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) Full Name (Last, First, Middle Initial)	0 0	250.00	
3.	Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City	oad State MO	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Holts Summit FEC ID number of contributing federal political committee.		65043-2039	Amount of Each Receipt this Period 111.12
	Name of Employer Missouri Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n President, Government Rela e Year-to-Date ▼ 222.24	tic
D .	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith Mailing Address 5612 Tanner Bridge Roa	ıd		Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 10795286
	Jefferson City FEC ID number of contributing federal political committee.	C	65101-8275	Amount of Each Receipt this Period 111.12
	Name of Employer Missouri Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼	l	n t and Chief Executive Officer e Year-to-Date ▼ 222.24	
s	UBTOTAL of Receipts This Page (optional)			472.24
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 74		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
TEMIZED RESER 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any information copied from such Reports and	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or for commercial purposes, other than using th	e name and add	dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial)			Date of Bassist		
Ms. Michelle Anne Williams Mailing Address 4130 Brookview Drive	1		Date of Receipt		
THOU BIOOKVIEW BITVE	,		03 16 2005		
City	State	Zip Code	Transaction ID: 10799283		
Atlanta	GA	30339-4649	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Alston & Bird LLP	Occupation Attorney	n			
Receipt For:	, '	e Year-to-Date ▼			
Primary General		E00.00	1		
Other (specify) ▼	0 0	500.00			
Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA	•		Date of Receipt		
Mailing Address 4002 Sunhill Court			03 / 16 / Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 10799285		
Woodstock	GA	30189-2561	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Georgia Hospital Associat-	Occupation				
ion Receipt For:		ice President & CFO e Year-to-Date ▼			
Primary General	Aggregate		1		
Other (specify) ▼		500.00			
Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden	1		Date of Receipt		
Mailing Address 900 Powers Ferry Ros Suite 104	ad		03 16 2005		
City	State	Zip Code	Transaction ID: 10799289		
<u>Marietta</u>	GA	30067-5774	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Georgia Hospital Associat-	Occupation				
<u>ion</u>		of Fiscal Services			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
Primary General Other (specify)		250.00			
	0 0				
SUBTOTAL of Receipts This Page (optional) .			1250.00		
TOTAL This Doried (last page this line a sector	r only)				
TOTAL This Period (last page this line numbe	ı ∪ı ııy <i>)</i>)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 74	
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [7 17
Δn	y information conied from such Reports and Sta	tements may	not he sold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Cal Calhoun			Date of Receipt	
	Mailing Address 85 Rumson Court	01-1-	7. 0.4.	03 16 2005	
	City	State GA	Zip Code	Transaction ID: 10799291	
	Smyrna FGC ID guraham of contribution		30080-8009	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Georgia Hospital Associat- ion	Occupation Vice Pres	n sident, Financial Services		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Ms. Dorothy Vi B. Naylor			Date of Receipt	
J .	Mailing Address 190 Hunting Creek Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
	City	State	Zip Code	Transaction ID: 10799303	_
	<u>Marietta</u>	GA	30068-3416	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Georgia Hospital Associat-	Occupation		7	
	ion		Vice President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.]	
	Other (specify)		500.00		
 C.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Parker			Date of Receipt	
	Mailing Address 3497 Mill Bridge Drive			03 16 2005	
	City	State	Zip Code	Transaction ID: 10799304	
	Marietta	GA	30062-5598	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Georgia Hospital Associat- ion	Occupation President	n t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
			·		
T	OTAL This Period (last page this line number or	nly)	>		-

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 32 / 74		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements maj ame and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Ms. Temple Sellers			Date of Receipt		
Mailing Address 1782 Briar Lake Circle			03 / 16 / 2005		
City	State	Zip Code	Transaction ID: 10799312		
Decatur	GA	30033-1110	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Georgia Hospital Associat- ion	Occupatio Regulato	n ory Legislative Counsel			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		250.00	1		
Other (specify) ▼	0 0				
Full Name (Last, First, Middle Initial) Ms. Holly Bates Snow			Date of Receipt		
Mailing Address 4402 Candler Lake East	03 16 7 9 9 9				
City	State	Zip Code	Transaction ID: 10799313		
Atlanta	<u>GA</u>	30319	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer Piedmont Healthcare	Occupation Vice Pres	n sident, Gov't & External Affai			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General	1	500.00	1		
☐ Other (specify) ▼	0 0	0 0 0 0 0 0			
Full Name (Last, First, Middle Initial) Ms. Karen Waters			Date of Receipt		
Mailing Address 1569 Asheforde Drive			03 / 16 / Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 10799319		
<u>Marietta</u>	GA	30068-1850	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer Georgia Hospital Associat-	Occupatio Vice Pre	n sident, Professional Services			
ion Receipt For:		e Year-to-Date ▼	7		
Primary General	1 1	500.00	1		
Other (specify) ▼		500.00			
SUBTOTAL of Receipts This Page (optional)			1250.00		
TOTAL This Period (last page this line number or	nlv)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 74 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{1}{2}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , , , , , , , , , , , , , , , , , , ,	
A .	Full Name (Last, First, Middle Initial) Ms. Judith R. Miller, RN, FAAN Mailing Address 24-D Alton Place City Brookline FEC ID number of contributing federal political committee. Name of Employer MG&A, LLC	State MA C Occupation Principal		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Rita M. Turley, MS, RN Mailing Address 351 Morningside Lane N City Billings FEC ID number of contributing federal political committee. Name of Employer Sisters of Charity of Leavenworth Heal Receipt For: Primary General Other (specify)	State MT C Occupation Regional	Zip Code 59105-2873 n Vice President e Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Z D Z D Z D Z D Z D Z D Z D Z D
)	Full Name (Last, First, Middle Initial) Ms. Linda Knodel, MHA, FACHE Mailing Address 1916 North Grandview City Bismarck FEC ID number of contributing federal political committee. Name of Employer St. Alexius Medical Center Receipt For: Primary General Other (specify)	State ND C Occupation Assistant	Zip Code 58503-0843 n t Admin./Director of Nursing e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional))	750.00
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 74
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C			Date of Receipt
	Mailing Address 1211 Union Avenue Suite 700			03 / 30 / 4 2005
	City	State	Zip Code	Transaction ID: 10871880
	Memphis	TN	38104-6638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Methodist Healthcare	Occupation Sr. Vice F		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify) ▼	0 0	200.00	
3.	Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE			Date of Receipt
	Mailing Address 2520 Bretigne Circle			M M / D D / Y Y Y Y
				03 30 2005
	City	State	Zip Code	Transaction ID: 10898846
	Lincoln	NE	68512-2055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		_
	Name of Employer Nebraska Hospital Associa-	President		
	tion Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Ms. Patricia Andersen			Date of Receipt
	Mailing Address 4001 Innsbrook Court			M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 1 1 2 0 0 5 Transaction ID: 10966225
	Norman	OK	73072-4233	Amount of Each Receipt this Period
	FEC ID number of contributing		70072 1200	
	federal political committee.	C		250.00
Oklahoma Hosóital Associa-		Occupation		
	tion		nce & Information Services	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	, [
	Other (specify) ▼		250.00	
	L			
s	UBTOTAL of Receipts This Page (optional)		>	1000.00
				· ·

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35/	74		
	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12			
Δη	y information copied from such Reports and St	atemente mai	y not be cold or used by any perco				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee	€.		
\setminus	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	Full Name (Last, First, Middle Initial) Ms. Patricia Davis			Date of Receipt			
	Mailing Address 4414 Manchester Cour		7:n Codo	03 11 2000000			
	City	State OK	Zip Code	Transaction ID: 10966228	-1		
	Norman	UK	73072-3915	Amount of Each Receipt this Period	a		
	FEC ID number of contributing federal political committee.	C		500.	.00		
	Name of Employer Oklahoma Hospital Associa- tion	Occupation Executive	n e Vice President				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		500.00				
	Other (specify) ▼	0 0					
R	Full Name (Last, First, Middle Initial) Mr. Paul Dougherty			Date of Receipt			
ъ.	Mailing Address 5501 North Portland Av	/enue		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O	0.5		
	City	State	Zip Code	Transaction ID: 10966229			
	Oklahoma City	OK	73112-2099	Amount of Each Receipt this Period	d		
	FEC ID number of contributing federal political committee.	C		250.	.00		
	Name of Employer Deaconess Hospital	Occupation President	n t and Chief Executive Officer				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Shane Dunning			Date of Receipt			
	Mailing Address Post Office Box 97			03 / 11 / 200			
	City	State	Zip Code	Transaction ID: 10966230			
	Carnegie	OK	73015-0097	Amount of Each Receipt this Period	d		
FEC ID number of contributing federal political committee. Name of Employer Carnegie Tri-County Municipal Hospital Receipt For: Primary General C Occupat Administration Administration Aggregation Primary				250.	.00		
			Year-to-Date ▼	1			
			050.00				
	Other (specify) ▼	250.00					
s	UBTOTAL of Receipts This Page (optional)			1000.	00		
T	OTAL This Period (last page this line number of	only)	>				

21	CHEDULE A (FEC Form 3X)			FOR LINE N	UMBER:	PAGE 36 / 74
			Use separate schedule(s)	(check only o		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	11b	11c 12
			Detailed Guillinary Fage	13	14	15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpo	se of solici	ting contributions
or	for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contribu	ions from	such committee.
\	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Ms. Sheryl R. McLain, MS			Date of F	eceipt	
	Mailing Address 2301 Steeplechase Road			03	D D D	2005
	City	State	Zip Code	Transact	on ID: 10	966235
	Edmond	OK	73034-5893	Amount o	f Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C				500.00
	Oklahoma Hospital Associa-	Occupation	n sident, Communications			
	tion Receipt For:		Year-to-Date V	-		
	Primary General	riggrogato	Tear to Bate 🔻	1		
	Other (specify) ▼		500.00			
 3.	Full Name (Last, First, Middle Initial) Ms. Lynne Stewart White			Date of F	eceipt	
	Mailing Address 4000 Lincoln Boulevard			03	, D D 11	2005
	City	State	Zip Code	Transact	on ID: 10	
	Oklahoma City	OK	73105-5207			ceipt this Period
	FEC ID number of contributing				1 1	· · · · · · ·
	federal political committee.	C				500.00
	Oklohama I ľasnital Assasia	Occupation				
	tion	Chief Lob				
	Receipt For:	Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify)		500.00			
		0 0	0 0 0 0 0 0 0	1		
).).	Full Name (Last, First, Middle Initial) Ms. Mary Winters			Date of F	eceipt	
	Mailing Address 3808 Skyward Circle			м м 0 3	D D D 1 1 1	2005
	City	State	Zip Code	Transact	on ID: 10	966239
	Yukon	OK	73099-3220			ceipt this Period
	FEC ID number of contributing					250.00
	federal political committee.	C				250.00
	Oklahama Hachital Accasia	ame of Employer Victorian Occupation				
	tion		sident Support Services			
	Receipt For:	Aggregate	Year-to-Date ▼	_		
	Primary General		250.00			
	Other (specify)					
s	UBTOTAL of Receipts This Page (optional)					1250.00
_	OTAL Tide December 1	`				
T	OTAL This Period (last page this line number only	/)				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 37 / 74
			Use separate schedule(s)	(check only one)	0.77.
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c
			Detailed Summary Page	13 14	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Δn	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Sam W. Cameron			Date of Receipt	
	Mailing Address 28 Waterford Place			M M / D D	
				03 10	2005
	City	State	Zip Code	Transaction ID: 1	0967186
	Jackson	MS	39211-2945	Amount of Each R	eceipt this Period
	FEC ID number of contributing				
	federal political committee.	C			500.00
	Name of Employer Mississippi Hospital Asso-	Occupation			
	ciation		t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	300.00		
	Full Name (Last, First, Middle Initial)			5	
٥.	Mr. William W. Kennedy			Date of Receipt	
	Mailing Address 1549 North Valley Road			03 11	
	Cit.	Ctoto	7in Codo		
	City	State	Zip Code	Transaction ID: 1	
	<u>Malvern</u>	<u>PA</u>	19355-9796	Amount of Each R	eceipt this Period
	FEC ID number of contributing	C			375.00
	federal political committee.	•			
	Name of Employer	Occupation	า		
	Name of Employer New Jersey Hospital Assoc-		ce President		
	iation Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify)		375.00		
				1	
	Full Name (Last, First, Middle Initial)				
Э.	Mr. Mark D. Pilla			Date of Receipt	
	Mailing Address One Log Road			M M / D D	
	-			03 11	
	City	State	Zip Code	Transaction ID: 1	
	Tabernacle	NJ	08088-9730	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.	0			
	Name of Employer	Occupation	 1		
	Name of Employer Saint Barnabas Health Care		· e Vice President		
	System Receipt For:		Year-to-Date ▼		
	Primary General	55. 55410		1	
	Other (specify)		500.00		
				1	
	<u> </u>				
S	UBTOTAL of Receipts This Page (optional)				1375.00
	·			-	
T	OTAL This Period (last page this line number or	nly))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 74 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	up not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Donna R. Pizzulli Mailing Address 84 Steambank Drive City Freehold FEC ID number of contributing federal political committee.	State NJ	Zip Code 7728	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer New Jersey Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼		n sident, Information Services e Year-to-Date ▼ 275.00	
3.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain R	oad		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New Hope FEC ID number of contributing	State PA	Zip Code 18938-5760	Transaction ID: 10971164 Amount of Each Receipt this Period 65.84
	Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	Occupation Sr. VP., I	n Health Economics e Year-to-Date ▼	
D .	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City	/ State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726214723
	Washington FEC ID number of contributing federal political committee.	DC	20004-2818	Amount of Each Receipt this Period 76.94
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼		n ief Washington Counsel e Year-to-Date ▼ 230.82	P/R Deduction (\$40.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	167.78
T	OTAL This Period (last page this line number o	nlv)	-	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 39 / 74
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727314723
	Lake Barrington	<u>IL</u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	230.82	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858014723
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.94
	Name of Employer American Hospital Associa-	Occupation	n e Director, AHAPAC	
	tion-Washingt Receipt For:		e Year-to-Date ∇	-
	Primary General	7 iggi ogaic		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	230.82	Weekly)
).	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224914723
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.94
	Name of Employer American Hospital Associa- tion-Washingt	4	President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	230.82	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			230.82
			<u> </u>	
T	OTAL This Period (last page this line number or	าly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 74						
	EMIZED RECEIPTS		or each category of the	(check only one)						
TI EIIIIEED TREGEII 10			Detailed Summary Page	X 11a 11b 11c 12 15 16 17						
Δr	y information copied from such Reports and Sta	atemente may	, not be sold or used by any perso							
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Hospital Association PAC									
A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt						
	Mailing Address 325 Seventh Street, NW Suite 700		7.0.	M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR328260914723						
	Washington	DC	20004-2818	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		153.88						
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President							
	Receipt For:		e Year-to-Date ▼							
	Primary General	-	461.64	P/R Deduction (\$80.00 Bi-						
	Other (specify)	0 0	401.04	Weekly)						
В.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt						
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR328310414723						
	Arnold	MD	21012-2126	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		76.94						
	Name of Employer American Hospital Associa-	Occupation								
	tion-Washingt		President, Communications							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼							
	Other (specify)		230.82	P/R Deduction (\$40.00 Bi- Weekly)						
— С.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt						
٠.	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR328312714723						
	Arlington	VA	22205-1629	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		76.94						
	Name of Employer American Hospital Associa-	Occupation	n	7						
	tion-Washingt	-	ce President							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General Other (specify) ▼		230.82	P/R Deduction (\$40.00 Bi- Weekly)						
	LIDTOTAL of Descripto This Descriptor 1			307.76						
	UBTOTAL of Receipts This Page (optional)		·····							
_	OTAL This Period (last page this line number o	nlv)								

PAGE 41/74 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR328341814723 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Director, Political Action & Grassroot Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$40.00 Bi-230.82 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Donald Nielsen, MD Date of Receipt Mailing Address 195 Oxford Court City State Zip Code Transaction ID: PR330524814723 Alamo CA 94507-1753 Amount of Each Receipt this Period FEC ID number of contributing C 76.94 federal political committee. Name of Employer American Hospital Associa-Occupation Senior Vice President tion-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-230.82 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	153.88
TOTAL This Period (last page this line number only)	<u> </u>	42592.48

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 74 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAG Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State NY C C00 Occupation	Zip Code 12144 0160259 1 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	10000.00	
Mailing Address One Empire Drive			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rensselaer	State NY	Zip Code 12144	Transaction ID: 10793567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	160259	10000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 20000.00	
Full Name (Last, First, Middle Initial)			Data of Descript
Mailing Address P.O. Box 15587			Date of Receipt M M
City <u>Aust</u> in	State TX	Zip Code 78761-5587	Transaction ID: 10793658
FEC ID number of contributing federal political committee.		0301325	Amount of Each Receipt this Period 8000.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 8000.00	
SUBTOTAL of Receipts This Page (optional)			28000.00
TOTAL This Period (last page this line number	only)		28000.00

FOR LINE NUMBER: PAGE 43/74 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Bricker & Eckler PAC Date of Receipt Mailing Address 100 South Third Street 03 10 2005 City State Zip Code Transaction ID: 10794902 Columbus OH Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	500.00

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 74 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer	DC 20005 C Occupation	Amount of Each Receipt this Period 187.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 554.34	Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	•	187.46
TOTAL This Period (last page this line number only)	•	187.46

	STIEDOLE B (TECTOTIII 3X)		e schedule(s)			OR LINE heck only		:H:		L	PAGE	45/	/4
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sum			X		22 28a		23 28b	igsquare	4 8c	25 29	26 30b
	y Information copied from such Reports and State												S
or	for commercial purposes, other than using the na	me and address o	any political	com	mı	ttee to sol	icit conti	ribut	ions fro	om su	on com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full)												
	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)										9456		
Α.	Merchant Bankcard						M	of D м	isburse		V	v · v	V
	Mailing Address 1601 Elm Street						0 3		0	4		ž o ŏ s	5
	City		ip Code				Amou	ınt o	f Each	Disbu	ırsemei	nt this F	Period
	Dallas Purpose of Disbursement	TX 7	75201 T								•	128.	52
	Bank Fees				00)1			-		-	1,-01	-
	Candidate Name				-0-	gory/							
					Ту	ре							
	Office Sought: House Disbur	sement For: Primary	General				Bank	Fee	es				
	President	Other (specify											
	State: District:		· •										
В	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	1097	70987		
В.	Citibank, F.S.B.							_	isburse				
	Mailing Address 1400 G Street, NW						0 3	М	[/] 1	0 /	2	ž o ŏ 5	5 ^Y
	City		ip Code				Amou	ınt o	f Each	Disbu	ırsemei	nt this I	Period
	Washington DC 20005						933.20						20
	Purpose of Disbursement Federal Tax Payment 001							-	-		-	000.	
	Candidate Name				ate Ty	gory/ pe							
	Office Sought: House Disbur	sement For:				'	Endo	ol T	Toy D	avm o	nt		
	Senate	Primary	General				Feder	aı	ax F	ayıne	110		
	State: President State:	Other (specify) 🔻										
	Full Name (Last, First, Middle Initial)						Trons		on ID:	1001	0501		
C.	Citibank, F.S.B.								isburs		9501		
	Mailing Address 1400 G Street. NW						0 ^M 3	М	/ D 1	8 /	Y	ž 0 0 5	Y
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	President	Other (specify) 🔻										
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II EMIZED	DISBURSEMENTS		category of the Summary Page		21b 27	<u> </u>	X 2	3 8b	24 28c	25 29	26 30
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	COMMITTEE (In Full)										
American	Hospital Association PAC										
_ ·	Last, First, Middle Initial) For Congress Committee						saction of Disk		09213 nent	353	
Mailing Add	ress P. O. Box 8250					0 ^M 3	M /	0 1	D /	žoŏ	5 Y
City Belleville		State IL	Zip Code 62222			Amou	ınt of E	ach D	Disburs	ement this	Period
Purpose of Contribution	Disbursement				011		_			1000	0.00
Candidate N Rep. Jerry	Name / F. Costello				ategory/ Type						
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_ `	District: 12 Last, First, Middle Initial) ith Hart Inc								09213	352	
Mailing Add							of Dist		D /	žoŏ	5 ^Y
City Wexford		State PA	Zip Code 15090			Amou	ınt of E	ach D	Disburs	ement this	Period
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Candidate N Rep. Melis	ssa A. Hart				ategory/ Type						
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_	Last, First, Middle Initial) avis For Congress					Date	of Disb	oursen		-	
Mailing Add	ress PO Box 350					0,3	M /	0 1	1	žoŏ	5 °
City Jamestow	'n	State TN	Zip Code 38556			Amou	int of E	ach D	Disburs	ement this	
Contribution					011					1000	0.00
Candidate N Rep. Linco	oln Davis		2000		ategory/ Type						
Office Soug State: TN		sement For: C Primary Other (spe	2006 General			Contr	ributio	n			
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) FOR LINE (check on	NUMBER: PAGE 47 / 74 ly one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30				
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) A. Norwood For Congress			Transaction ID: 10833320 Date of Disbursement				
Mailing Address PO Box 499			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $				
City Evans	State Zip Code GA 30809		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution		011	1000.00				
Candidate Name Rep. Charles W. Norwood		Category/ Type					
Senate President	rsement For: 2006 X Primary General Other (specify) ▼		Contribution				
State: GA District: 9 Full Name (Last, First, Middle Initial)			Transaction ID: 10833040				
B. Serrano For Congress			Date of Disbursement 0 3				
Mailing Address 275 Madison Avenue							
City New York	State Zip Code NY 10016		Amount of Each Disbursement this Period 1000.00				
Purpose of Disbursement Contribution Candidate Name		011	1000.00				
Rep. Jose E. Serrano		Category/ Type					
Senate President	rrsement For: 2006 X Primary General Other (specify) ▼		Contribution				
State: NY District: 16							
Full Name (Last, First, Middle Initial) C. Sweeney For Congress Inc			Transaction ID: 10832974 Date of Disbursement				
Mailing Address Post Office Box 1465		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Clifton Park	State Zip Code NY 12065		Amount of Each Disbursement this Period 2000.00				
Purpose of Disbursement Contribution	Contribution 01						
Candidate Name Rep. John E. Sweeney		Category/ Type					
Office Sought: X House Senate President State: NY District: 20	rsement For: 2006 X Primary General Other (specify) ▼		Contribution				
SUBTOTAL of Disbursements This Page (option	al)		4000.00				
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s		INE NUMBER: PAGE 48 / 74 only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Thelma Drake For Congress			Transaction ID: 10832968 Date of Disbursement
Mailing Address P.O. Box 61480			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code VA 23466		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Thelma D. Drake		Category/ Type	
Senate X President	ement For: 2006 Primary General Other (specify)		Contribution
State: VA District: 2 Full Name (Last, First, Middle Initial)			Transaction ID: 10833964
B. Cantor For Congress			Date of Disbursement
Mailing Address P. O. Box 17813			
Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Eric I. Cantor		Category/ Type	
•	ement For: 2006 Primary General Other (specify)		Contribution
State: VA District: 7			
Full Name (Last, First, Middle Initial) C. Charles Taylor For Congress Committee			Transaction ID: 10970396 Date of Disbursement
Mailing Address PO Box 2355			03 0 7 2 0 0 5
	State Zip Code NC 28802		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Charles H. Taylor		Category/ Type	
	ement For: 2006 Primary General Other (specify)		Contribution
			3000.00
SUBTOTAL of Disbursements This Page (optional)			3000.00

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30c
Any Information copied from such Reports and Sta		
or for commercial purposes, other than using the r	me and address of any political committee to so	olicit contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 10833945
Nolunteer PAC		Date of Disbursement
Mailing Address 2000 Glen Echo Suite 107		03 7 7 7 2 0 0 5
City	State Zip Code	Amount of Each Disbursement this Period
Nashville Purpose of Disbursement	TN 37215	5000.00
2005 Contribution	011	
Candidate Name	Category/ Type	
Office Sought: House Disbring Senate President State: District:	rsement For: Primary General Other (specify) ▼	2005 Contribution
Full Name (Last, First, Middle Initial)		Transaction ID: 10833949
3. Mcconnell Senate Committee '08		Date of Disbursement
Mailing Address PO Box 1496		$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 7 \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}$
City Louisville	State Zip Code KY 40201	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution	011	2500.00
Candidate Name Sen. Mitch McConnell	Category/ Type	
Office Sought: House X Senate President	x Primary General Other (specify)	2008 Contribution
State: KY District: 2		
Full Name (Last, First, Middle Initial) King For Congress		Transaction ID: 10833955 Date of Disbursement
Mailing Address 126 Des Moines Stree P.O. Box 576		03 3 7 0 7 7 2 0 0 5
City Odebolt	State Zip Code IA 51458	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	2500.00
Candidate Name Rep. Steve A. King	Category/ Type	
	rsement For: 2002 Primary General X Other (specify)	Contribution
	Primary Debt Re	
OUDTOTAL of Dish was assist This Days (self-	I)	10000.00

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s	s)		_	.INE N	IUMBE	:H:			PAG	E 50 /	/4
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	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nan	ne and address of any politic	al com	nn	nittee t	o solic	it contr	ribut	ions tr	om s	uch co	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
Z	American nospital Association FAC												
Α.	Full Name (Last, First, Middle Initial)								-		33958	3	
Λ.	Schwarz For Congress						M	of D м	isburs		nt / Y	Y Y	Y
	Mailing Address Post Office Box 2063						0 3			7	Ĺ	žoŏ	5
	City	State Zip Code					Amou	ınt o	f Each	n Dist	oursem	ent this	Period
	Battle Creek	MI 49016	1					-				1000	.00
	Purpose of Disbursement Contribution			C)11	11		-	-				
	Candidate Name		Ca	at	egory/	-							
	Rep. Joe Schwarz, M.D.			Т	уре								
	X	sement For: 2006 C Primary General					Contr	ibut	tion				
	President	Other (specify)											
	State: MI District: 7												
В.	Full Name (Last, First, Middle Initial) Simpson For Congress										33392	1	
							М	М	isburs		Ι ι / Υ	YY	_ Y
	Mailing Address 1487 Parkway Drive						0 3			9 9	L	žoŏ	5
	City Blackfoot	State Zip Code ID 83221					Amou	ınt o	f Each	n Dist	oursem	ent this	Period
	Purpose of Disbursement	10 03221										1000	.00
	Contribution			Ç	11								
	Candidate Name Rep. Michael K. Simpson				egory/ ype								
	Office Sought: X House Disburs	sement For: 2006	<u> </u>		71		Contr	ا الما	lion				
		C Primary General					Contr	ibui	1011				
	President State: ID District: 2	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 108	333938	3	
C.	Stephanie Tubbs Jones For Us Congress								isburs				
	Mailing Address 3729 Silsby Rd						0 ^M 3	М	[/] D	9 9	/ Y	žoŏ	5 ^Y
	City University Heights	State Zip Code OH 44118					Amou	ınt o	f Each	n Dist	oursem	ent this	Period
	Purpose of Disbursement Contribution			_		7						1000	.00
	Candidate Name		_	_	11 egory/	-							
	Rep. Stephanie Tubbs Jones				уре								
	· —	sement For: 2006	·_·				Contr	ibut	tion				
	Senate President	✓ Primary General Other (specify) ▼											
	State: OH District: 11	caner (openal)											
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	y Information copied from such Reports and for commercial purposes, other than using the														IS
\vdash	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn							Trans		-			923		
	Mailing Address P.O. Box 12567							0 ^M 3	M	D	0 9] / [Ý Ž	o ŏ	5 ^Y
	City Columbia	State SC	Zip Code 29211					Amou	nt of	Eac	h Dis	sburs	emen	nt this	Period
	Purpose of Disbursement			Г	0.	11							. 1	1000.	00
	Candidate Name Rep. James E. Clyburn			С		gory/									
	Office Sought: X House D Senate President	isbursement For: X Primary Other (spe	2006 General												
	State: SC District: 6														
В.	Full Name (Last, First, Middle Initial) A Lot Of People Who Support Jeff Bi	ingaman						Trans Date	of Di	sburs	seme				
	Mailing Address PO Box 16210							0,3	М	D	0 9]	ž	0 Ŏ	5 ^Y
	City Albuquerque	State NM	Zip Code 87191					Amou	nt of	Eac	h Dis	sburs			
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	Candidate Name Sen. Jeff Bingaman				ate Ty	gory/ pe									
	X Senate President	isbursement For: Primary Other (spe	2006 X General			<u> </u>		Contri	ibut	ion					
	State: NM District: 2														
C.	Full Name (Last, First, Middle Initial) Barrett For Congress							Trans Date of	of Di	sburs	seme				
	Mailing Address P.O. Box 869 PO Box 869							0 3	М	D	0 9	J′L	' 2	o ŏ	5
	City Westminster	State SC	Zip Code 29693					Amou	nt of	Eac	h Dis	sburs	-	-	Period
	Purpose of Disbursement Contribution				Ō.	_		L.				•		1000.	00
	Candidate Name Rep. J. Gresham Barrett	ialaaaaaat Fass	2000		ate Ty	gory/ pe									
	Office Sought: X House Senate President State: SC District: 3	isbursement For: X Primary Other (spe	2006 General					Contri	ibut	ion					
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NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 108339	——)19		
Friends Of Bobby Jindal Inc					f Disburs				
Mailing Address PO Box 8628				0,3	1 / DC	9 /	ž	0 Ď 5	Y
City	State Zip Code			Amour	nt of Each	Disburse	ement	this P	eriod
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Candidate Name Mr. Bobby Jindal		Category/							
	rsement For: 2006	Туре							
Senate	X Primary General			Contril	oution				
President	Other (specify)								
State: LA District: 1									
Full Name (Last, First, Middle Initial) Republican Majority Fund					ction ID : f Disburs	: 108338 ement	377		
				03		0 /	YYY	0 Ď 5	Υ
Mailing Address P.O. Box 1550				0.3		U		005	
City Ponca City	State Zip Code OK 74602			Amour	nt of Each	Disburse	ement	this P	eriod
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2005 Contribution		011							
Candidate Name		Category/ Type							
Office Sought: House Disbu	rsement For:	туре							
Senate	Primary General			2005 (Contribu	tion			
President	Other (specify)								
State: District: Full Name (Last, First, Middle Initial)									
Walsh For Congress Committee					f Disburs	: 115470 ement	129		
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Mailing Address 306 Winkworth Parkwa	ау			0.0	نا لـ			003	
City	State Zip Code			Amour	nt of Each	Disburse	ement	this P	eriod
Syracuse Purpose of Disbursement	NY 13215		_				1	000.0	0
Contribution		011							
Candidate Name Rep. James T. Walsh		Category/							
	rsement For: 2006	Туре							
Senate	X Primary General			Contril	oution				
President	Other (specify)								
State: NY District: 25									
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American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				tion ID: 10			
Volunteers For Shimkus				Disburseme		· · · · ·	7
Mailing Address P.O. Box 5458 PO Box 5458			0 3	10		005	
City Springfield	State Zip Code IL 62705		Amount	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement	I	•	L			1000.00)
Contribution Candidate Name		011 Category/					
Rep. John M. Shimkus		Type					
Senate President	ement For: 2006 Primary General Other (specify)		Contribu	ution			
State: IL District: 19 Full Name (Last, First, Middle Initial)			_		000000		
Pete Stark Re-Election Committee				tion ID: 108 Disburseme			
Mailing Address P.O. Box 8331			0 3	1 0 D	/ 2	0 0 5	′
City Fremont	State Zip Code CA 94537		Amount	of Each Dis	bursemen	t this Pe	eriod
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Candidate Name Rep. Fortney Peter Stark		Category/ Type					
X X	ement For: 2006 Primary General Other (specify)		Contribu	ution			
Full Name (Last, First, Middle Initial)			-	ID 40	000070		
Friends Of Dick Lugar Inc				tion ID: 108 Disburseme			
Mailing Address 47 S Meridian St Suite	200		03	10	/ Y Ž	0 Ó 5	
City Indianapolis	State Zip Code IN 46204		Amount	of Each Dis	bursemer	t this Pe	eriod
Purpose of Disbursement Contribution		011	L			1000.00)
Candidate Name Sen. Richard G. Lugar		Category/ Type					
Office Sought: House Disburs	ement For: 2006 Primary General Other (specify)	Туре	Contribu	ution			
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											S
Ĭ.	NAME OF COMMITTEE (In Full)	e and address of any pointed										
\rangle	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial) Western Action PAC					Trans			10833	784		
	Mailing Address P.O. Box 982						M /		D /	Y Ž	0 Ď 5	Y
	City Casper	State Zip Code WY 82602				Amou	nt of	Each I	Disburs	sement	this F	Period
	Purpose of Disbursement 2005 Contribution		Г	011					-	2	500.0	00
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	Senate President	ement For: Primary General Other (specify)				2005	Cont	ributi	on			
_	State: District:											
В.	Full Name (Last, First, Middle Initial) Friends Of Bobby Jindal Inc					Date o	of Dis	burse				
	Mailing Address PO Box 8628					0 ^M 3	M /	^D 1	0 /	y y 2	0 Ď 5	Y
	City Metairie	State Zip Code LA 70011				Amou	nt of	Each I	Disburs	sement		
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	Candidate Name Mr. Bobby Jindal			ategor Type	·y/							
	-	ement For: 2006 Primary General Other (specify)				Contr	ibutio	on				
C.	Full Name (Last, First, Middle Initial) Kirk For Congress					Trans			10838 ment	152		
	Mailing Address P.O. Box 8					0 ^M 3	M /	^D 1	D /	y y	0 Ď 5	Y
	City Winnetka	State Zip Code IL 60093				Amou	nt of	Each I	Disburs	sement		
	Purpose of Disbursement Contribution			011					-	1	0.00.0	00
	Candidate Name Rep. Mark Steven Kirk			ategor Type	ry/							
	Senate X President	ement For: 2006 Primary General Other (specify)	•			Contr	ibutio	on				
Г	State: IL District: 10											
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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co	JIIIIIIIIIE	io 80	IIOIL CONTIN	outions if	om Such	COHIN	illee	
American Hospital Association PAC									
Full Name (Last, First, Middle Initial)					action ID		339		
A. National Republican Congressional Comm	ittee				f Disburs		y y	· · ·	v
Mailing Address 320 First Street, SE				0,3		1 1	2	0 Ď 5	
City Washington	State Zip Code DC 20003			Amour	nt of Each	Disburs	ement	this Pe	eriod
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Candidate Name		Catego Type							
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State: District:	· ·								
Full Name (Last, First, Middle Initial) Heather Wilson For Congress					action ID		159		
Heather Wilson For Congress				Date o	f Disburs	ement	ΥΥ	Υ ,	Y
Mailing Address P.O. Box 14070				0.3		1	2 (0 Ó 5	
,	State Zip Code NM 87191			Amour	nt of Each	Disburs	ement	this Pe	eriod
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Candidate Name Rep. Heather A. Wilson		Catego Type	-						
	ment For: 2006 Primary General Other (specify)			Contri	bution				
State: NM District: 1	Care (epeciny)								
Full Name (Last, First, Middle Initial) Spratt For Congress Committee					action ID f Disburs		149		
Mailing Address PO Box 830				0 3	/ D	1 1	ž	0 Ď 5	Y
City York	State Zip Code SC 29745			Amour	nt of Each	Disburs	ement	this Pe	eriod
Purpose of Disbursement Contribution	23743	011					10	00.00	כ
Candidate Name Rep. John M. Spratt, Jr.		Catego Type							
-	ment For: 2006 Primary General Other (specify))I		Contri	bution				
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American Hospital Association FAC												
Α.	Full Name (Last, First, Middle Initial) Friends Of Hillary										33824	1	
	Friends Of Hillary						M	м	isburs	D	ητ / Υ	YY	_ Y
	Mailing Address 1717 K Street Nw Suite	: 309a					0 3		1	1 1	L	ž 0 ŏ	5
	City	State Zip Code DC 20036					Amou	int o	f Each	Disk	oursem	ent this	Period
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	Candidate Name Sen. Hillary Rodham Clinton				egory/								
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	X Senate	Primary X General					Contr	ibut	ion				
	President District 0	Other (specify)											
_	State: NY District: 2 Full Name (Last, First, Middle Initial)					-	_			400	200404		
В.	Pallone For Congress								שו on ib isburs		338196 nt	Ď	
	Mailing Address PO Box 3176					-	0 ^M 3	М	/ D	1 1	/ Y	žoŏ	5 Y
	Mailing Address PO Box 3176						0 0			Ÿ		200	
	City Long Branch	State Zip Code NJ 07740					Amou	int o	f Each	ı Disk	oursem	ent this	Period
	Purpose of Disbursement	110 011-10		_								1000	.00
	Contribution		-		11								
	Candidate Name Rep. Frank Pallone, Jr.				egory/ ype								
		sement For: 2006		•	,,,,		O = := 4::	الما الما					
		X Primary General					Contr	ibul	ion				
	State: NJ District: 6	Other (specify)											
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 108	33815	1	
C.	John Lewis For Congress								isburs				
	Mailing Address 2015 Wallace Rd. Sw						0 ^M 3	М	/ D	1 1	/ Y	žoŏ	5 [°]
	City Atlanta	State Zip Code GA 30331					Amou	int o	f Each	Disk	oursem	ent this	Period
	Purpose of Disbursement Contribution			_	11							1000	.00
	Candidate Name			_	egory/								
	Rep. John Lewis			T	ype								
	3 1	sement For: 2006 X Primary General					Contr	ibut	ion				
	President	Other (specify) ▼											
_	State: GA District: 5												
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Mailing Address PO Box 23940 City State Zip Code Santa Barbara CA 93121 Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Lost First Middle Initial) Full Name (Lost First Middle Initial)	purpose of solicating contributions ntributions from such committee nsaction ID: 10838102 e of Disbursement
or for commercial purposes, other than using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends Of Lois Capps Mailing Address PO Box 23940 City State Zip Code Santa Barbara CA 93121 Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Disbursement For: 2006 Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Corporation Contribution Cardidate Name Rep. Lois Capps Other (specify) State: CA District: 23	nsaction ID: 10838102 e of Disbursement 3 M / D D D / Y Y Y O O 5 ount of Each Disbursement this Period
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A. Friends Of Lois Capps Mailing Address PO Box 23940 City State Zip Code CA 93121 Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Disbursement For: 2006 Senate President State: CA District: 23 Full Name (Leat First Middle Initial) Full Name (Leat First Middle Initial)	te of Disbursement 3 M / D D D / Y Y Y O O D ount of Each Disbursement this Period
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Santa Barbara Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 CA 93121 Other (specify) Type Cor Cor	1000.00
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Rep. Lois Capps Office Sought: X House	ntribution
Senate	ntribution
Full Name (Lost First Middle Initial)	
	nsaction ID: 10837897
450 South Capitor Street	
City State Zip Code Am Washington DC 20003	ount of Each Disbursement this Period
Purpose of Disbursement 2005 Contribution Candidate Name Category/ Type	5000.00
Office Squaht: House Dishursement For:	5 Contribution
Full Name (Last, First, Middle Initial) Tra	nsaction ID: 10838008 e of Disbursement
Mailing Address PO Box 50100	3
City State Zip Code Am Springfield MO 65805	ount of Each Disbursement this Period
Purpose of Disbursement Contribution 011	1000.00
Candidate Name Rep. Roy Blunt Category/ Type	
Office Sought: X House Senate President State: MO District: 7 Disbursement For: 2006 X Primary General Other (specify) ▼	ntribution
SUBTOTAL of Disbursements This Page (optional)	7000.00

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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
L	American Hospital Association 1 Ac													
٨	Full Name (Last, First, Middle Initial)										33801	1		
Α.	Buck Mckeon For Congress							of Di	isburs	emer	nt	V V	,	
	Mailing Address 24265 San Fernando R	oad					0,3	IVI	์ำ	ΙĬ	Ĺ	ž 0 č	5	
	City	State Zip Code					Amou	int o	f Each	Disl	oursen	nent this	s Perio	od
	Santa Clarita	CA 91321										1000	0.00	
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	Candidate Name		Ca	at	egory/									
	Rep. Howard P. McKeon			T	/pe									
	X	sement For: 2006 X Primary General				(Contr	ibut	ion					
	President	Other (specify)												
	State: CA District: 25													
В.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc								on ID:		33798	9		
							М	м	/ D	D	/ Y	Y	(_ Y	
	Mailing Address 175 South West Temple	e Suite 650					0 3		1	1	L	Žοč) 5	
	City Salt Lake City	State Zip Code UT 84101					Amou	int o	f Each	n Disl	oursen	nent this	s Perio	od
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	Contribution			Ó	11									
	Candidate Name Sen. Orrin G. Hatch				egory/ /pe									
		sement For: 2006	ļ	•	,pc	\dashv								
		X Primary General				(Contr	ıbut	ion					
	President State: UT District: 1	Other (specify)												
_	Full Name (Last, First, Middle Initial)					+.	Trono	ooti	on ID	. 100	33799	Δ.		
C.	Hatch Election Committee Inc								isburs			U		
	Mailing Address 175 South West Temple	o Suito 650				-	0 ^M 3	М	/ D	I 1	/ Y	žoč) 5 ^Y	
	175 South West Temple	e Suite 650					7							
	City Salt Lake City	State Zip Code UT 84101					Amou	int o	f Each	n Disl	oursen	nent this	s Perio	od
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	Contribution Candidate Name			_	11									
	Sen. Orrin G. Hatch				egory/ ype									
	Office Sought: House Disburs	sement For: 2006	!		•		Contr	ihut	ion					
	X Senate	Primary X General				`	301111	iout						
	State: UT President District: 1	Other (specify) ▼												
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or for commercial purposes, other than using the nat	ne and address of any politica	ll com	ımı	ttee to sol	icit cont	rıbut	ions tr	om su	ich con	nmittee	
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial) A. Knollenberg For Congress Committee							-		38187		
A. Knollenberg For Congress Committee					M	of D	isburs	ement		YY	Υ
Mailing Address 31000 Telegraph Road	#110				0 3		1	1 1	Ĺ.	ž 0 ŏ :	5
City	State Zip Code				Amou	unt o	f Each	Disb	urseme	nt this	Period
Bingham Farms	MI 48025									1000.	00
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Candidate Name			_	gory/							
Rep. Joe Knollenberg			Ту	oe							
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President	Other (specify)										
State: MI District: 9											
Full Name (Last, First, Middle Initial) B. Forbes For Congress									37995		
B. Forbes For Congress					Date	of D	isburs	ement		V V	V
Mailing Address PO Box 15100					0 3	IVI		ΙΪ́	L.	ž o ŏ :	5
City Chesapeake	State Zip Code VA 23328				Amou	unt o	f Each	Disb	urseme	ent this	Period
Purpose of Disbursement	VA 23320									1000.	00
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Candidate Name Rep. J. Randy Forbes				gory/							
	sement For: 2006		Ту	Эе							
	Primary General				Contr	ribut	tion				
President	Other (specify) ▼										
State: VA District: 4											
Full Name (Last, First, Middle Initial) C. Mccotter Congressional Committee							i on ID isburs		38186 t		
Mailing Address P.O. Box 530788					0 ^M 3	М	/ D	I 1	Y	ž o ŏ :	5 ^Y
City Livonia	State Zip Code MI 48153				Amou	unt o	f Each	n Disb	urseme	ent this	Period
Purpose of Disbursement	40133			-						500.	00
Contribution Candidate Name			01								
Rep. Thaddeus G. McCotter			ate Typ	gory/ be							
Office Sought: X House Disbur	sement For: 2006	-			Contr	ribut	ion				
— I ⊢	Class (asset) General				Conti	ibui	1011				
State: MI District: 11	Other (specify)										
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SUBTOTAL of Disbursements This Page (optional)			<u> </u>			_			2500.	00
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ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	22 28a	Х	23 28b	П	24 28c	25 29	26 30k
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I \	AME OF COMMITTEE (In Full)											
\angle	merican Hospital Association PAC											
	ull Name (Last, First, Middle Initial)								_	33814	8	
- G	ingrey For Congress					M	of D	isburs	D	nt / Y	YY	Y
М	ailing Address PO Box U					0 3		L	1 1		žoŏ	5
	ity Iarietta	State Zip Code GA 30060				Amou	ınt o	f Each	n Disl	oursem	ent this	Period
_	urpose of Disbursement	J 30000		_						۰	1000	.00
	ontribution			0-	11			-			1	
	andidate Name ep. Phil Gingrey, M.D.			ate Ty	gory/ pe							
	Senate President	sement For: 2006 K Primary General Other (specify)				Contr	ibut	ion				
	tate: GA District: 11 ull Name (Last, First, Middle Initial)					_						
_	RYCE Project:Promoting Republicans	ou Can Elect						i on ID isburs		33795 nt	1	
M	lailing Address 1155 21 St., NW					0 3	М	/ D	1 1	/ Y	žoŏ	5 ^Y
	ity /ashington	State Zip Code DC 20036				Amou	ınt o	f Each	n Disl	oursen	ent this	Period
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C	andidate Name		Ca	_	gory/							
	Senate President	sement For: Primary General Other (specify) ▼				2005	Coı	ntribu	tion			
	tate: District:											
_	ull Name (Last, First, Middle Initial) hris Chocola For Congress Inc					Date	of D	isburs	emei	33814 nt		
M	ailing Address PO Box 6728					0 3	М	/ D	1 1	/ L	žoŏ	5 ^Y
	ity outh Bend	State Zip Code IN 46660				Amou	int o	f Each	n Disl	oursen	ent this	Period
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	andidate Name ep. Chris Chocola				gory/ pe							
_	ffice Sought: X House Disbu	sement For: 2006 K Primary General Other (specify)		. ,	ρc	Contr	ibut	ion				
S	tate: IN District: 2											
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 NAME OF COMMITTEE (In Full) 	ne and address of any political co	ommudee to so	DICIT CONTINUTIONS FROM SUCH COMMITTEE	
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)			Transaction ID: 10837988	
Chambliss For Senate			Date of Disbursement	
Mailing Address Post Office Box 12469			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Atlanta	State Zip Code GA 30355		Amount of Each Disbursement this Period	d
Purpose of Disbursement	GA 30355		1000.00	П
2008 Contribution		011		
Candidate Name Sen. Saxby Chambliss		Category/ Type		
X Senate President	ement For: 2008 Primary X General Other (specify)		2008 Contribution	
State: GA District: 1 Full Name (Last, First, Middle Initial)				
3. Northern Lights PAC			Transaction ID: 10926897 Date of Disbursement	
Mailing Address 1537 Shipsview Road			03 15 7 2005	
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Perio	d
Purpose of Disbursement Void - 2/22/2005 Contribution		011	-1000.00	_
Candidate Name		Category/ Type		
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼		Void - 2/22/2005 Contribution	
Full Name (Last, First, Middle Initial)			Transaction ID: 10789228	
Friends Of Connie Mack			Date of Disbursement	
Mailing Address P.O. Box 519 Pmb 388			03 15 7 2005	
City Naples	State Zip Code FL 34106		Amount of Each Disbursement this Perio	d
Purpose of Disbursement Void - 2/4/2005 Contribution		011	-1000.00	
Candidate Name Rep. Connie Mack, IV		Category/ Type		
	sement For: 2006 ✓ Primary General Other (specify) ▼		Void - 2/4/2005 Contribution	
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
L	American Hospital Association 1 Ao													
Α.	Full Name (Last, First, Middle Initial)								-		33397	'6		
Α.	Mike Dewine For Us Senate							of D м	isburs		nt	V	V .	V
	Mailing Address PO Box 340188						0 3	IVI	′ <u> </u>	16	/ L	2 0	ŏ 5	
	City	State Zip Code					Amou	ınt o	f Each	n Dis	bursen	nent th	nis P	eriod
	Columbus	OH 43234					Г.					100	0.00	0
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	Sen. Mike DeWine			Т	ype									
		sement For: 2006 X Primary General					Contr	ibut	ion					
	President	Other (specify)												
	State: OH District: 1													
В.	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 109	97126	2		
Ь.	Richard E Neal For Congress Committee	!						_	isburs		nt		V *	v
	Mailing Address 76 Magnolia Terrace						0 ^M 3	М	/ D 1	16	/ L	ž 0	Ď5	Y
	City	State Zip Code					Amou	ınt o	f Each	n Dis	bursen	nent th	nis P	eriod
	Springfield	MA 01108										100	0.00	0
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	Candidate Name				egory/									
	Rep. Richard E. Neal			Τ	ype									
		sement For: 2006 X Primary General					Contr	ibut	ion					
	President	Other (specify) ▼												
	State: MA District: 2													
C.	Full Name (Last, First, Middle Initial) Berkley For Congress								ion ID:		33401	6		
							М	М		1 6	/ Y	Y	Y -	Υ
	Mailing Address 3069 Conquista Court						0 3			16		20	Ď5	
	City Las Vegas	State Zip Code NV 89121					Amou	ınt o	f Each	n Dis	bursen	nent th	nis P	eriod
	Purpose of Disbursement Contribution			C	11	1		_				100	0.00	0
	Candidate Name Rep. Shelley Berkley		Ca	at	egory/ ype									
		sement For: 2006	I	_	,,,,		0	د حا !						
		X Primary General					Contr	IDUI	ion					
	President District: 1	Other (specify)												
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	American Hospital Association 1 Ac												
Α.	Full Name (Last, First, Middle Initial)										34010		
Α.	Friends Of Mike Sodrel							of Di м	isburse			V V	V
	Mailing Address 702 North Shore Drive S	Suite 500					0 3		1	1 6	Ĺ.	ž 0 ŏ	5
	City	State Zip Code					Amou	int o	f Each	Disb	ourseme	ent this	Period
	Jeffersonville	IN 47130										1000.	00
	Purpose of Disbursement Contribution			0	11	11		-				. 000.	
	Candidate Name		Ca	ate	egory/	1							
	Rep. Michael E. Sodrel			T	ype								
	X	sement For: 2006 K Primary General					Contr	ibut	ion				
	President	Other (specify) ▼											
	State: IN District: 9												
В.	Full Name (Last, First, Middle Initial) Asian American Action Fund										70849		
	Asian American Action Fund							M N	isburse			Y Y	Υ
	Mailing Address 800 7TH STREET NW SUITE #305						0 3		1	I 6		ŽΟĎ	5
	City Washington	State Zip Code DC 20001					Amou	int o	f Each	n Disb	ourseme	ent this	Period
	Purpose of Disbursement	20001										500.	00
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	Candidate Name				egory/ ype								
	ÿ	sement For:	•				2005	Cor	ntribu	tion			
	Senate President	Primary General Other (specify)											
	State: District:	Canon (opening)											
C.	Full Name (Last, First, Middle Initial) Bill Shuster For Congress								on ID:		51321		
							М	M .	/ D	D		ž 0 Ď	r Y
	Mailing Address PO Box 27						0 3			8		200	5
	City Hollidaysburg	State Zip Code PA 16648					Amou	int o	f Each	n Dist	ourseme	ent this	Period
	Purpose of Disbursement Contribution			0	11	1						1000.	00
	Candidate Name Rep. William Franklin Shuster		Ca	ate	egory/	1							
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		K Primary General					Contr	ibut	ion				
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Tra	ınsac	tion ID:	108513	312			
Nussle For Congress Committee						Disburse		.,			
Mailing Address P.O. Box 324				O	3 M	[/] 1	8 /	ž	0 Ď 5	Y	
City	State Zip Code			An	nount	of Each	Disburse	emen	t this P	erio	d
Manchester Purpose of Disbursement	IA 52057			$+$ Γ				5	5000.0	00	٦
Contribution		0	11								_
Candidate Name	,		egory/								
Rep. James Allen Nussle Office Sought: X House Disburse	ement For: 2006	Ly	ype	-							
	Primary General			Co	ntribu	ution					
President	Other (specify)										
State: IA District: 1											
Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee						t ion ID: Disburse	108513	318			
					3 M		8 /	ΥΥΥ	0 0 5	Υ	
Mailing Address P.O. Box 777				0	3		8	. 2	005		
City Deer Park	State Zip Code NY 11729			An	nount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	11729		-					. 1	000.0	00	
Contribution		_	11								
Candidate Name Rep. Steve J. Israel			egory/ ype								
	ement For: 2006	• •	,,,,	1	! !	.4!					
	Primary General			Col	ntribu	ution					
State: NY District: 2	Other (specify)										
Full Name (Last, First, Middle Initial)				Tue	nees	tion ID:	108513	205			
Democratic Congressional Campaign Con	nmittee					Disburse		505			
Mailing Address 430 South Capitol Street				O _V	3 M	/ D	B /	Y Y	0 0 5	Υ	
Mailing Address 430 South Capitol Street					•						
City Washington	State Zip Code DC 20003			An	ount	of Each	Disburse	emen	t this P	erio	t
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Senate	Primary General			200)5 C(Jillibul	1011				
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Friends Of Kent Conrad			Transaction ID: 10851310 Date of Disbursement
Mailing Address PO Box 812			03
	State Zip Code ND 58502		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Kent Conrad		Category/ Type	
X Senate X President	ement For: 2006 Primary General Other (specify)		Contribution
State: ND District: 1			
Full Name (Last, First, Middle Initial) B. Menendez For Senate			Transaction ID: 10851311 Date of Disbursement
Mailing Address P.O. Box 848			03 / 18 / 2005
,	State Zip Code NJ 07087		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Robert Menendez		Category/ Type	
X Senate X President	ement For: 2006 Primary General Other (specify)		Contribution
State: NJ District: 13 Full Name (Last, First, Middle Initial)			Transaction ID: 10951216
C. Blumenauer For Congress			Transaction ID: 10851316 Date of Disbursement
Mailing Address 921 Sw Washington Suit	te 810		03
City Portland	State Zip Code OR 97205		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Earl Blumenauer		Category/ Type	
· · · · · · · · · · · · · · · · · · ·	ement For: 2006 Primary General Other (specify)		Contribution
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Mailing Address 462 California Road				0 ^M 3	M /	1 8	B /	ž 0	Ď 5 `	
City Bronxville	State Zip Code NY 10708			Amou	int of E	ach [Disburse			-
Purpose of Disbursement Contribution		01						100	00.00)
Candidate Name Rep. Eliot L. Engel		Cate Ty								
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Full Name (Last, First, Middle Initial)				Trans	action	າ ID: 1	108513	313		
Michael Burgess For Congress				Date of	of Disk		nent		ŏ 5 `	7
Mailing Address PO Box 2334				0 3		1.8	В	20	0.5	
City Denton	State Zip Code TX 76202			Amou	int of E	Each D	Disburse		nis Pe	
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Rep. Michael C. Burgess, M.D.		Cate Ty								
Office Sought: X House Senate President Disk	xsement For: 2006 X Primary General Other (specify)			Contr	ibutio	n				
State: TX District: 26										
Full Name (Last, First, Middle Initial) Mike Rogers For Congress				Date	of Disk	ourser	_			_
Mailing Address 123 East 13th Street				0 ^M 3	M /	^D 1 8	8 /	žo	Ď 5	
City Anniston	State Zip Code AL 36201			Amou	int of E	ach [Disburse		-	-
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I \	merican Hospital Association PAC											
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A. C	arnahan In Congress					Date	of D	isburs	emen	t		
M	ailing Address 7370 Manchester Rd Ste	20				0 3	М	/ D	8	/ L	ž 0 ŏ !	5 1
Ci St	ty t. Louis	State Zip Code MO 63143				Amou	ınt o	f Each	Disb	urseme	nt this	Period
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	ep. Russ Carnahan			Ty								
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_	wa Priorities Action Committee					Date	of D	isburs	emen			V
M	ailing Address P.O. Box 35					0 3	М	/ D	8	/ L	žoŏ:	5 1
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Ci Si	ty ioux Falls	State Zip Code SD 57101				Amou	ınt o	f Each	Disb	urseme	nt this	Period
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	andidate Name ep. Stephanie Herseth			ate Ty	gory/ pe							
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NAME OF COMMITTEE (In Full) American Hospital Association PAC											
American Hospital Association FAC											
Full Name (Last, First, Middle Initial) Kuhl For Congress									51317		
· Kuhl For Congress					M	M .	sburs			YY	Υ
Mailing Address 10 Ganesvoort Street Suite 101					0 3		1	8		ž 0 ŏ	5
City Bath	State Zip Code NY 14810				Amou	ınt of	Each	Disb	urseme	nt this	Period
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Candidate Name Rep. John Randall Kuhl			ate Ty	gory/ pe							
Senate President	sement For: 2006 X Primary General Other (specify)				Contr	ibut	ion				
State: NY District: 29 Full Name (Last, First, Middle Initial)											
Jerry Weller For Congress Inc.					Date	of Di	sburs	emen			V
Mailing Address P.O. Box 2368					0 3	М	D 2	2 8 P	/ L	ž o ŏ :	5 [*]
City Joliet	State Zip Code IL 60434				Amou	int of	Each	Disb	urseme	ent this	
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Candidate Name Rep. Gerald C. Weller		Ca	-	gory/							
Senate President	sement For: 2006 X Primary General Other (specify)				Contr	ibut	ion				
State: IL District: 11 Full Name (Last, First, Middle Initial)											
Radanovich For Congress					Date	of Di	sburs	emen			
Mailing Address 30151 Tomas Street					0 3	М	D 2	2 8 P	/ L	ž o ŏ :	5 1
City Rancho Sta Mrgrita	State Zip Code CA 92688				Amou	int of	Each	Disb	urseme	ent this	Period
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Candidate Name Rep. George P. Radanovich		Ca	_	gory/							
Office Sought: X House Disbu Senate President State: CA District: 19	sement For: 2006 X Primary General Other (specify)	1			Contr	ibut	ion				
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	26 30b
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or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	le and address of any political col	mmillee to so	blicit contributions from such committee	
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)			Transaction ID: 10858303	
A. Senate Victory Fund PAC			Date of Disbursement	V
Mailing Address 507 Capitol Court NE #100			03 / 28 / 200	5
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this	Period
Purpose of Disbursement	20002		5000.	00
2005 Contribution		011		
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		2005 Contribution	
State: District: Full Name (Last, First, Middle Initial)				
3. Ed Royce For Congress			Transaction ID: 10858295 Date of Disbursement	V
Mailing Address P.O. Box 2525			03 7 28 7 200	5 [*]
City Orange	State Zip Code CA 92859		Amount of Each Disbursement this	Period
Purpose of Disbursement	Г	0.1.1	250.	00
Contribution Candidate Name Rep. Edward R. Royce		011 Category/ Type		
Senate 2	ement For: 2006 Primary General Other (specify)	71	Contribution	
State: CA District: 40				
Full Name (Last, First, Middle Initial) Graves For Congress			Transaction ID: 10970397 Date of Disbursement	
Mailing Address 2345 Grand Suite 2400			03 7 28 7 200	5 ^Y
City Kansas City	State Zip Code MO 64108		Amount of Each Disbursement this	
Purpose of Disbursement Contribution		011	2000.	00
Candidate Name Rep. Samuel B. Graves, Jr.	C	Category/ Type		
· -	ement For: 2006 Primary General Other (specify)		Contribution	
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	Mailing Address Gateway One 23rd Floor							0 ^M 3	М	/	^D 2 8	3 /	Y 2	ž o ŏ :	5 ^Y
		State NJ	Zip Code 07102					Amou	unt c	of Ea	ch C	isbur		nt this	
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	Candidate Name Sen. Frank R. Lautenberg			С		gory/ pe									
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_	Nathan Deal For Congress							Date)isbu	ırsen	nent		YYY	Y
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	Judy Biggert For Congress							Trans Date)isbu	ırsen	nent		V V	Υ
	Mailing Address P.O. Box 637							0 3		L	2 8	3	2	ž o ŏ :	5
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Full Name (Last, First, Middle Initial) People For English			Transaction ID: 108 Date of Disbursemer	nt
	Mailing Address PO Box 1940			03 / 28	2005
	City Erie	State Zip Code PA 16507		Amount of Each Disk	oursement this Period
	Purpose of Disbursement Contribution		011		2000.00
	Candidate Name Rep. Phil English Office Sought: X House Disbu	rsement For: 2006	Category/ Type	_	
	Office Sought: X House Senate President State: PA District: 3	X Primary General Other (specify) ▼		Contribution	
	Full Name (Last, First, Middle Initial) David Scott For Congress			Transaction ID: 108 Date of Disbursemen	
	Mailing Address 162 Hurt Street Ne			03 / 28	^Y 2005 ^Y
	City Atlanta	State Zip Code GA 30307		Amount of Each Disk	oursement this Period
	Purpose of Disbursement Contribution		011		2500.00
	Candidate Name Rep. David A. Scott		Category/ Type		
	Office Sought: X House Senate President State: GA District: 13	rsement For: 2006 X Primary General Other (specify) ▼		Contribution	
	Full Name (Last, First, Middle Initial) Charlie Dent For Congress			Transaction ID: 108 Date of Disbursemer	
	Mailing Address PO Box 442			03 / 28	Y 2005 Y
	City Allentown	State Zip Code PA 18105		Amount of Each Dist	oursement this Period
	Purpose of Disbursement Contribution		011		1000.00
	Candidate Name Rep. Charles W. Dent	9999	Category/ Type	-	
	Office Sought: X House Senate President State: PA District: 15	rsement For: 2006 X Primary General Other (specify) ▼		Contribution	
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NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial)			Transa	ction ID:	108583	11			
Charlie Melancon Campaign Committe	e Inc		Date of	Disburse		/ · V	V - \	7	
Mailing Address 511 Congress St PO Box 549			0,3		8 / 1	20	ð 5		
City Napoleonville	State Zip Code LA 70390		Amoun	t of Each	Disburse	ment t	his Pe	eriod	
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Contribution		011							
Candidate Name Rep. Charles Melancon		Category/ Type							
Office Sought: X House Senate President State: LA District: 3	ursement For: 2006 X Primary General Other (specify)		Contrib	oution					
Full Name (Last, First, Middle Initial)			-	ID	100500	00			
3. Allyson Schwartz For Congress			Date of	ction ID: Disburse	ement		., .		
Mailing Address P.O. Box 45706			0 3	[/] 2	8 / Y	Ž 0	Ď 5		
City Philadelphia	State Zip Code PA 19149		Amount of Each Disbursement this Period						
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Candidate Name Rep. Allyson Y. Schwartz		Category/ Type							
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State: PA District: 13									
Full Name (Last, First, Middle Initial) Jerry Weller For Congress Inc.			Date of	ction ID: Disburse					
Mailing Address P.O. Box 2368			03	[/] 3	0 /	ž 0	Ď 5		
City Joliet	State Zip Code IL 60434		Amoun	t of Each	Disburse	ment t	his Pe	eriod	
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Candidate Name Rep. Gerald C. Weller	(Category/ Type							
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Т	ransac	ction ID:	108583	326			
Shelley Moore Capito For Congress					Date of	Disburse / D				1/	
Mailing Address P.O. Box 11519					0,3 ,,] [/]	1 /	' <u>2</u>	0 Ď 5		
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Candidate Name		Catego	ry/								
Rep. Shelley Moore Capito Office Sought: X House Disburse	ement For: 2006	Туре									
	Primary General			С	ontrib	ution					
President	Other (specify)										
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Full Name (Last, First, Middle Initial) Ron Lewis For Congress						ction ID: Disburse	108583	328			
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Mailing Address PO Box 307				Į.	03	3		. 2	005		
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Candidate Name Rep. Ron Lewis		Catego	ry/								
	ement For: 2006	Туре		\dashv							
	Primary General			C	ontrib	ution					
President State: KY District: 2	Other (specify)										
Full Name (Last, First, Middle Initial)				+	rance	otion ID.	100500	227			
Dreier For Congress Committee						Disburse	: 108583 ement	021			
Mailing Address P.O. Box 505				- [0 ^M 3 ^M	/ D3	D /	y y	0 0 5	Υ	
F.O. DUX 200											
City Upland	State Zip Code CA 91785			Α.	Amount	of Each	Disburse	emen	t this P	erio	t
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Contribution 011											
Candidate Name Rep. David Dreier		Catego Type	ry/								
Office Sought: X House Disburse	ement For: 2006	71		1	ontrib	ution					
	Primary General				OHUID	ution					
State: CA District: 26	Other (specify)										
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\vdash	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PA			
V	American Flospital Association FA	5		
	Full Name (Last, First, Middle Initial)			Transaction ID: 10858337
A.	Bob Goodlatte For Congress Comm	nittee		Date of Disbursement
	Mailing Address P.O. Box 292			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 5 \end{smallmatrix} \end{bmatrix}$
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	City Roanoke	State Zip Code VA 24002		Amount of Each Disbursement this Period
		VA 24002		500.00
	Purpose of Disbursement Contribution		011	
	Candidate Name		Category/	
	Rep. Robert W. Goodlatte		Type	
	Office Sought: X House	Disbursement For: 2006		
	Senate	X Primary Genera	ıl	Contribution
	President	Other (specify)		
	State: VA District: 6			
	Full Name (Last, First, Middle Initial)			Transaction ID: 10858334
В.	Friends Of George Allen			Date of Disbursement
	NA 311 A 1 1			03 7 3 1 7 2 0 0 5
	Mailing Address PO Box 6859			03 31 2003
	City	State Zip Code		Amount of Each Disbursement this Period
	Arlington	VA 22206		
	Purpose of Disbursement			1000.00
	Contribution		011	
	Candidate Name		Category/	
	Sen. George F. Allen		Туре	-
	Office Sought: House	Disbursement For: 2006	1	Contribution
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	State: VA District: 2	Other (specify)		
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